



**MASSACHUSETTS
TEACHERS'
RETIREMENT
BOARD**

Boston Office
69 Canal Street
Boston, MA 02114-2006
(617) 727-3661
Fax (617) 727-6797

Western Regional Office
101 State Street
Springfield, MA 01103-2066
(413) 784-1711
Fax (413) 784-1707

**Direct Deposit
Authorization Form**
Electronic Funds Transfer (EFT)

DO YOU NEED TO COMPLETE THIS FORM?

You need to complete this form if:

- ▶ you are now receiving or will be receiving a monthly benefit allowance from the Massachusetts Teachers' Retirement System and you want to receive your payment via electronic funds transfer *or*
- ▶ you are now receiving a monthly benefit allowance via electronic funds transfer and you want to change the account to which your payment is deposited.

PLEASE SEE THE BACK OF THIS SHEET FOR INSTRUCTIONS ON HOW TO COMPLETE THIS FORM.

M T R B U S E O N L Y

PERSONAL DATA

Part
1

Social Security number		
Name		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Home address		
<i>Number and street</i>		<i>P.O. Box</i>
City, state, ZIP		Phone number ()

BANK ACCOUNT INFORMATION

Please attach a blank check, with "VOID" written in large letters across it, in the space below.

ATTACH A VOIDED, BLANK CHECK HERE

Part
2

IF A VOIDED, BLANK CHECK IS NOT ATTACHED ABOVE, PLEASE HAVE YOUR BANK COMPLETE THE REMAINDER OF PART 2.

INSTRUCTIONS TO FINANCIAL INSTITUTION: The person named above is requesting that we deposit his or her monthly benefit allowance into his or her account with you via electronic funds transfer. By completing this form, you signify your willingness to accept and post credits for the depositor named herein. Before you receive any live dollar entry, you will receive a prenotification entry (credit and debit). Please report any corrections to the State Treasurer's Office.

Financial institution	Routing number	Check digit
Contact person	Phone number ()	
Depositor account name		
Depositor account number	Account type	<input type="checkbox"/> Checking/NOW <input type="checkbox"/> Savings

STATEMENT AND SIGNATURE

Part
3

I hereby authorize the electronic funds transfer of my monthly benefit allowance from the State Treasurer to the bank designated in Part 2. The State Treasurer is also authorized to make any adjustments (debit or credit) as a result of errors in transfer. This authorization shall remain in effect until revoked by me in writing to the MTRB or by the State Treasurer.

Signature _____ Date _____

Instructions for Completing Your Direct Deposit Authorization Form

We hope you find the *Direct Deposit Authorization Form* and instructions to be self-explanatory. However, if you have any questions, please feel free to contact us at (617) 878-2868.

Part 1: Personal Data

Please provide the information as requested.

Part 2: Bank Account Information

You may receive your monthly benefit allowance payments in one of two ways: in a check that is mailed to you or in an electronic funds (EFT) transfer to your bank account. This *Direct Deposit Authorization Form* instructs us to process your payments via electronic funds transfer. If you do not complete and return the *Direct Deposit Authorization Form*, we will automatically mail your checks to you at your home address.

You may change the way you receive your payments at any time and as often as you want during the time that you receive payments by notifying us in writing. Please allow two months for us to process your request. (This means that you should expect to receive your benefit allowance checks at your home during this time.) After this time, your payments will be electronically transferred to your account. Once you are receiving payments by electronic funds transfer, no confirmation of the transaction will be mailed to you unless there is a change in your net pay from the previous month's deposit.

If you attach a voided, blank check in Part 2, neither you nor your bank need to complete the bottom portion of Part 2.

Part 3: Statement and Signature

After you have completed Parts 1 and 2, please review your form and read the statement in Part 3. If everything is correct and you understand how the MTRS will transfer your payments, please sign and date Part 3 and then return your form to the MTRB as follows:

- ▶ **If you are now retiring:** Please include this form in the same envelope along with your *Option Selection Form* and Form W-4P. If your retirement is being processed by our Chicopee office, please return all of your retirement forms to Chicopee office; if by the Boston office, then return all of your retirement forms to the Boston office. See the front of this form for the appropriate address.
- ▶ **If you have already retired and are now either requesting direct deposit for the first time OR changing the account to which your payment is deposited:** Please send this form to our Boston office (address on front of this form).

Direct Deposit is a safe, convenient way to receive your retirement allowance. You don't have to worry about a check being stolen or lost in the mail, or having to cash the check on your own. Over 75% of our retirees now receive their retirement allowances through this method!
